

**Trust Board (Public)**  
**9 February 2017 – From 10:00**  
**H2.7 Boardroom, 2<sup>nd</sup> Floor, Hunter Wing**

<b>Name</b>	<b>Title</b>	<b>Initials</b>
<b>PRESENT</b>		
Sir David Henshaw	Non-Executive Director (Chair)	
Simon Mackenzie	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Gillian Norton	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Avey Bhatia	Chief Nurse	CN
Margaret Pratt	Chief Financial Officer	CFO
Andy Rhodes	Medical Director	MD
<b>IN ATTENDANCE</b>		
Thomas Saltiel	Associate Non-Executive Director	NED
Mark Gammage	HR Advisor to the Board	HRAB
Mark Gordon	Chief Operating Officer	COO
Richard Hancock	Director of Estates & Facilities	DE&F
Iain Lynam	Chief Restructuring Officer	CRO
Paul Moore	Director of Quality Governance	DQG
Diana Lacey	Elective Care (Data Quality) Recovery Programme Director	ECRPD
Larry Murphy	Chief Information Officer	CIO
Alison Benincasa	Divisional Chair, CSD	DC – CSD
Tunde Odutoye	Divisional Chair, Surgery	DC - SNTC
Justin Richards	Divisional Chair, CWDT	DC - CWDT
Lisa Pickering	Divisional Chair, MedCard	DC - MedCard
<b>APOLOGIES</b>		
Stephen Collier	Non-Executive Director	NED
<b>SECRETARIAT</b>		
Fiona Barr	Interim Corporate Secretary & Head of Corporate Governance	Co Sec

<b>STAFF STORY</b>	
Tom Howard, who manages the Trust's Central Booking Service (CBS), presented the first staff story that the Board had received. He explained the work that he had done in CBS, particularly in dealing with a number of long standing issues which had made a significant impact on staff morale and the responsiveness of the service. The Board was very impressed with the manner in Tom tackled the problems he had found and how his work had improved staff relations. Tom had used the Trust's Listening into Action Team which is an innovative listening and signposting service for staff.	
<b>1. OPENING ADMINISTRATION</b>	
<b>1A Welcome and Apologies</b>	
<b>1.1</b>	The Chair opened the meeting and welcomed everyone. He welcomed Avey Bhatia, the new Chief Nurse who had joined the Trust on a year's secondment. On behalf of the Board, the Chair also thanked Paul Moore, the Director of Quality Governance, who was leaving the Trust on 10.02.17.

1.2	The apologies were as set out above.
<b>1B Declarations of Interest</b>	
1.3	The Chairman asked for declarations of interest. None were made.
<b>1C Minutes of Meeting held on 05.01.17</b>	
1.4	These were accepted as a true and accurate record of the meeting held on 05.01.17 subject to amending the dates in 4.8 and 5.6 from March 2016 to March 2017.
1.5	The HRAB requested that the updated report on Leadership Development be presented to the Board meeting in April 2017, rather than March 2017 as this would allow for proposals to be discussed in the Workforce & Education Committee before being presented to the Board. This was agreed.
<b>1D Matters Arising and Action Log</b>	
1.7	The Board received the Action Log and noted in relation to TB.05.01.17/07, Mr Westcott – who had delivered the patient story in the January Board – had already started helping the Trust develop a Vegan diet and better identify healthy foods. The DE&F also updated on steps which were being taken to reduce smoking around the hospital, a matter previously raised by the Lead Governor. He agreed to provide a fuller update at the next meeting.
TB.09.02.17/13	<b>Update on the Board on measures being taking to reduce smoking around the hospital at the 09.03.17 meeting. LEAD: DE&amp;F</b>
<b>1E Chief Executive's Report</b>	
1.8	The CEO reported on progress with the Quality Improvement Plan (QIP), noting good progress in some areas (medicines management, end of life care and pain management) though there remained a great deal to do. He reminded the Board that the priority was to make improvements for patients, not regulators, though the Care Quality Commission (CQC) would want to see a clear improvement on its return and he welcomed the arrival later that month of Marie-Noelle Orzel, the new Improvement Director. He added that, like all NHS Trusts, St George's was being tasked to do more with less going forward - which meant developing ambitious cost improvement programmes for 2017/18. This would be challenging and Divisional teams were actively involved in planning for next year's budgets and where savings could be made. The Trust continued to project a year-end deficit.
1.9	The NEDs asked about a recent media story where a mother lost her baby. This had been handled as a Serious Untoward Incident and the Trust had admitted liability though had learned lessons from what had happened.
<b>1E Chair's Report</b>	
1.8	The Chair reflected that the NHS was operating in a tough environment where levels of demand were unprecedented – though he was seeing a picture of improvement at St George's and expressed thanks to the Executive and staff for all their hard work and support. He felt that a number of improvements had been made since the CQC visit, and continued to be made, particularly in terms of productivity and governance, though he agreed with the CEO that there was still more to do and the Trust's financial position remained a challenge.

<b>2. PATIENT SAFETY, QUALITY AND PERFORMANCE</b>	
<b>2A Emerging Outpatient Strategy</b>	
<b>2.1</b>	Steve Sewell, Programme Director - Outpatient Transformation & Dr Oliver Foster, Outpatient Redesign Clinical Lead, attended to update the Board on the progress of Outpatient Programme since September 2016. Since its launch, the Programme had delivered a wide range of improvements, including aligning support services with clinical services, better pathway design and engagement of GPs, and had also contributed around £2m towards the Trust's 2016-17 cost improvement target.
<b>2.2</b>	The Board considered the split of services within hospital and community settings, noting that a number of procedures remained in an acute setting, as a result of custom and practice, when they could be delivered closer to the patient, and probably with more convenience, in a primary care or community setting. The Chair urged the Board not to wait for the Sustainability and Transformation Plan to deliver changes in the local health economy but instead challenge current arrangements and encourage the transfer of non-acute services into the community for the direct benefit of patients. The Board also briefly discussed processes for follow-up appointments, noting that there was scope to reduce the number of follow-up appointments though this had to be informed by more analysis.
<b>2.3</b>	The Board noted progress and looked forward to further updates as the Programme developed.
<b>2B Quality Improvement Plan</b>	
<b>2.4</b>	The DQG led the Board through progress on the QIP, noting that at 30.01.17 <ul style="list-style-type: none"> <li>• 24.5% of actions had been completed (Blue) (16.8% in December)</li> <li>• 66% of actions were on target (Green) (78.0% in December)</li> <li>• 4.1% were at risk of breaching (Amber) (3.2% in December)</li> <li>• 5.4% had breached their target date for implementation (Red) (2% in December).</li> </ul>
<b>2.5</b>	Whilst four workstreams had been rated 'red' overall because of the number of overdue actions, the responsible Executive Director was aware and the QIP Board and Quality Committee had been briefed. The DQG undertook a detailed review of the reasons for the slippage against actions but noted very good progress with actions in the Estates workstream.
<b>2.6</b>	The Board was advised that, on departure, the DQG's workload would be shared between the CN and MD, with the interim Head of Governance looking after the QIP. However as this role was critical to maintain the focus on quality improvements, a substantive DQG would be recruited, reporting to the CN.
<b>2.7</b>	The Board received the report noting the slippage against a number of actions and remedial action being taken.
<b>2C Performance &amp; Quality Report</b>	
<b>2.8</b>	The COO led the Board through the Performance Report advising that it had been challenging period for all services though elective activity had remained at planned levels despite demand and the introduction of new rotas for clinicians. Performance against the Referral to Treatment (RTT) standard had reduced though proactive measures were being taken to improve data quality, and service managers were closely monitoring lists with patients who had waited in excess of 40 and 52 weeks. RTT performance remained a significant challenge for the Trust and it was influenced by a number of factors. To ensure the Board was fully sighted on these factors it was agreed that the ECRPD would provide a detailed briefing to the Board to ensure there was full

	understanding on the rules and principles, the scale of the backlog as well as progress with the RTT project.
TB.09.02.17/14	<b>Provide a detailed briefing to the Board to ensure there was full understanding on the rules and principles, the scale of the backlog as well as progress with the RTT project. LEAD: ECRPD</b>
2.9	The Medical Director introduced the Quality Report emphasizing the importance of responsiveness and timeliness in delivering care and how this was essential to underpin a quality service to patients. Whilst there was some good performance on a number of metrics, eg reduction in Serious Incidents and pressure ulcers, he felt that more work was needed to embed a more responsive approach. The new CN gave her reflections on joining the Trust saying she felt the clinical care was very good and staff were clear about their responsibilities in relation to the QIP.
2.10	The Board received the report.
<b>2D Report from Quality Committee</b>	
2.11	The Chair of the Quality Committee reported back from the meeting on 25.01.17 and advised that he was not assured in a number of areas, including complaints, increase in CDiff and compliance with the World Health Organisation (WHO) checklist, though he was assured that the interim Head of Governance was conducting a comprehensive review of the Trust's complaints handling systems to improve the quality and timeliness of the responses provided.
2.12	There was a discussion about the further rollout of electronic prescribing which had been raised at the Quality Committee the CEO confirmed that the Trust could not proceed further until there had been a significant improvement in the stability of the IT infrastructure so that it could reliably support an e-prescribing application.
2.13	The NEDs indicated that they wished to see a number of additional metrics included in the Quality Report and the CEO advised that the Executive was reviewing both the format and content of the Quality & Performance Report and would ensure that NEDs were involved so their views could be captured.
TB.09.02.17/15	<b>Involve the NEDs in the development of the new Performance and Quality Report. LEAD: COO &amp; MD</b>
2.14	The Board received the report from the Quality Committee on 25.01.17.
<b>2E Elective Care Recovery</b>	
2.15	The ECRPD explained that a comprehensive review of the systems and processes that manage patients on the elective care pathway which identified multiple issues at every stage of the elective care pathway which posed a significant risk to the quality of care and safety of patients. Specifically, the Trust had a high number of 'open' patient records on its Patient Administration Systems (PAS) dating back to at 2014 and possibly earlier and at the moment, though the Trust could not confirm if these patients had been treated or were at the correct stage of their care pathway.
2.16	A project was now underway to validate and correct historic patient records which would be delivered in three phases. Approval had just been received from NHS Improvement to commence phase one of the project using an external supplier to check records of those patients who were most at risk of clinical harm due to their length of wait; this phase would take about five months to complete.
2.17	The scale of the problem was considered, particularly its complexity as a result of a range factors involved, including data quality, chronology of booking patients, and how patient lists were managed. The Board was clear that this needed urgent resolution and patient safety was the overriding priority. Given the volume of records to be corrected,

	the Trust was unlikely to return to national reporting in 2017-18 (it was suspended in July 2016).
<b>2.18</b>	The Board noted the progress being made and looked forward to the detailed briefing, discussed earlier, to fully understand the issues.
<b>2F Local Escalation Plan</b>	
<b>2.19</b>	In line with the guidance issued by NHS England in October 2016, <i>Operational Pressures – Escalation Levels Framework</i> , the Trust has to have a Local Escalation Plan which is Board approved. The draft Local Escalation Plan was withdrawn from the agenda as further work was required and it was agreed that approval would be deferred to the CEO and Chair though the Plan would be circulated to the whole Board.
<b>TB.09.02.17/16</b>	<b>Updated Local Escalation Plan to be circulated to the Board once complete. LEAD: COO</b>
<b>3. FINANCE</b>	
<b>3A Month 9 Finance Report</b>	
<b>3.1</b>	The CFO led the Board through the month 9 financial position, reporting a good position on income, which was ahead of plan for elective services; there had also been an improvement in pay expenditure, including agency costs. Following discussions with Board members and NHS Improvement (NHSI), the Trust was working to an updated year-end deficit of £71m. A key part of the revised position was the recycling of £5m fines though the Trust was reliant on NHSI's best endeavours to achieve this. The CFO, DE&F and CIO were confident that planned levels of capital expenditure would be realised before the year-end though the Board noted that the Trust still had not received formal approval from NHSI for emergency capital and was proceeding at risk. The CFO also reported a technical adjustment relating to a one-off opportunity this year to write off buildings beyond use; this would increase the deficit by £4.8m though would be returned as an impairment cost. Management were now actively involved in producing the budgets for 2017-18 which would be reported to the Board over the coming weeks.
<b>3.2</b>	The Board received the report and noted the Trust's current financial position.
<b>3B Report from Finance &amp; Performance Committee</b>	
<b>3.3</b>	As the Chair had not attended the January Finance & Performance Committee meeting, he asked if NED Gillian Norton, who had chaired the meeting in his absence, had anything to report. She explained that the meeting had undertaken a thorough review of the Trust's position on finance and performance and had also received a report recommending that the Trust, in principle, join the South West London Procurement Hub which was agreed.
<b>4. WORKFORCE</b>	
<b>4A Workforce Performance Report</b>	
<b>4.1</b>	The HRAB presented the Workforce Report for December 2016 which was taken as read. He particularly focused on the work underway with other trusts in South West London to harmonise bank rates and efforts to move agency staff to the bank. He also reported a significant reduction of 18 to 10 weeks in the "time to hire" since the introduction of Trac.
<b>4.2</b>	The Board noted the workforce performance report and actions outlined within it.

<b>4B Report from the Workforce and Education Committee</b>	
<b>4.3</b>	The Workforce and Education Committee Chair, Gillian Norton, reported that it had been a very positive meeting, with good discussions on leadership, appraisal rates (which were poor) and diversity. She noted that inconsistencies between the Electronic Staff Record and the Trust's financial systems meant records and data quality were poor, making it difficult to reconcile the establishment or produce reliable reports on workforce metrics. She welcomed the investment in the Trust's IT architecture but cautioned that there also needed to be an improvement in the Trust's systems and the processes used by staff to support them.
<b>4C Guardian of Safe Working Report (Q3)</b>	
<b>4.4</b>	The MD presented the report and summarised progress in providing assurance that doctors are safely rostered and enabled to work hours that were safe and compliant with Schedules 3, 4 and 5 of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. He advised that the report had been considered by the Workforce and Education Committee on 31.01.17. The report explained that, as of 17.01.17, there had 115 exceptions reported, four work schedule reviews had been requested and one fine levied.
<b>4.5</b>	The Trust Board received the report and agreed that the Workforce and Education Committee should continue to review this on behalf of the Board, and report findings to the Board, but that the Board should receive an annual report from the Guardian of Safe Working.
<b>5. GOVERNANCE &amp; RISK</b>	
<b>5A Corporate Risk Report</b>	
<b>5.1</b>	The DQG presented the report which was taken as read.
<b>5B Report from Audit Committee</b>	
<b>5.2</b>	The Chair of the Audit Committee presented the report from the meeting on 18.01.17 which was taken as read. She reported good progress with implementing actions arising from Internal Audit reviews and also highlighted recent reviews undertaken, two of which had only received limited assurance.
<b>6 CLOSING ADMINISTRATION</b>	
<b>6A Questions from Public</b>	
<b>6.1</b>	There were no questions from the public, only a strong commitment from patient representatives that they remain enthusiastic, committed and available to support the Trust. The care and understanding of staff in the Rose Centre was also applauded by a recent user.
<b>6B Any Other Business</b>	
<b>6.2</b>	There were no further items of business, the Chair resolved to move to closed session and ended the meeting.

**Date and Time of Next Meeting: Thursday 9 March 2017 Time TBC**